**Optics Project Peer Assessment**

Name:

Partners:

Fill in your name in the top row, and each partner’s names in the following rows. Complete the assessment fairly and honestly for each person (yourself included). Give a score from 1 – 10 in each box and include any comments or examples needed. Your input is confidential.

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| **Name** | **Contributed creative or valuable ideas to the group**  **(out of 10)** | **Worked hard and did their fair share**  **(out of 10)** | **Worked well**  **as a team member**  **(out of 10)** | **Followed through on what they promised to do**  **(out of 10)** | **Total Score**  **(out of 40)**  **General comments** |
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